

Data Collection Form		July 2013
<010> Study Area Code	401709	
<015> Study Area Name	MADISON COUNTY TEL	
<020> Program Year	2016	
<030> Contact Name: Person USAC should contact with questions about this data	Joe Shrum	
<035> Contact Telephone Number: Number of the person identified in data line <030>	4797382121 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	joeshrum@madisoncounty.net	

Received & Inspected

JUN 29 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 350px;"></div> 401709ar510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 350px;"></div> 401709ar610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 350px;"></div> 401709ar1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

No. of Copies rec'd _____
List ABCDE

**(100) Service Quality Improvement Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joshshrum@madisoncounty.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

401709ar112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

<010>	Study Area Code	401789
<015>	Study Area Name	NADISON COUNTY TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035>	Contact Telephone Number - Number of person identified in data line <030>	479782121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joshua@nadisoncounty.net

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<010>	Study Area Code	401709
<015>	Study Area Name	MADISON COUNTY TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035>	Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madisoncounty.net

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[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madisoncounty.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joshshrum@madisoncounty.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madisoncounty.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

401709ac1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	401703
<015>	Study Area Name	RADISON COUNTY TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	JON SHUM
<035>	Contact Telephone Number - Number of person identified in data line <030>	6797382121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jon.shum@radisoncounty.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation Only Collection Form	FCC Form 421 <small>OMB Control No. 3060-0086/OMB Control No. 3060-0019</small> July 2013
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<010> Study Area Code	101709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joshkrum@madisoncounty.net

PLEASE CHECK THE BOXES BELOW TO NOTE COMPLIANCE ON ITS FIVE YEAR SERVICE QUALITY PLAN (PURSUANT TO 47 CFR § 54.202(a)) AND, FOR PRIVATELY HELD CARRIERS, ENSURING COMPLIANCE WITH THE FINANCIAL REPORTING REQUIREMENTS SET FORTH IN 47 CFR § 54.313(f)(2). I FURTHER CERTIFY THAT THE INFORMATION REPORTED ON THIS FORM AND IN THE DOCUMENTS ATTACHED BELOW IS ACCURATE.

[3010] Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

[3011] Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

[3012] Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

[3013] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

[3014] If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☐ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

[3015] Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒

[3016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

[3017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

[3018] If the response is no on line 3014, is your company audited?

(Yes/No) ☐ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

[3019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

[3020] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

[3021] Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

[3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers ☐

[3023] Underlying information subjected to a review by an independent certified public accountant ☐

[3024] Underlying information subjected to an officer certification ☐

[3025] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

[3026] Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Center Additional Documentation (Continued)	PCC Form 481
Date Collection Period	OMB Control No. 3080-0086/OMB Control No. 3080-0019
	July 2018

<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797182121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madisoncounty.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madsioncounty.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Reporting Carrier (Data Collection Form)	Form 101 Data Collection Form for Reporting Carrier July 2015
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<010> Study Area Code	401709
<015> Study Area Name	MADISON COUNTY TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035> Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madisoncounty.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Larry Frazier</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Larry Frazier</u>
Name of Reporting Carrier:	<u>MADISON COUNTY TEL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/19/2015</u>
Printed name of Authorized Officer:	<u>Tom Shrum</u>
Title or position of Authorized Officer:	<u>Secretary/ Treasurer</u>
Telephone number of Authorized Officer:	<u>4797382121 ext.</u>
Study Area Code of Reporting Carrier:	<u>401709</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>MADISON COUNTY TEL</u>
Name of Authorized Agent or Employee of Agent:	<u>Larry Frazier</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/19/2015</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Larry Frazier</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>4794955881 ext.</u>
Study Area Code of Reporting Carrier:	<u>401709</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<010>	Study Area Code	491709
<015>	Study Area Name	MADISON COUNTY TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Shrum
<035>	Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joeshrum@madiisoncounty.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	1.0

<703>

[illegible]

<010>	Study Area Code	401709
<015>	Study Area Name	MADISON COUNTY TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joe Ehrue
<035>	Contact Telephone Number - Number of person identified in data line <030>	4797382121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	joeshrue@madisoncounty.net

[illegible]

Madison County Telephone Company

Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules

Compliance

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Madison County Telephone Company, Inc. (“Company”) hereby certifies that it complies with applicable service quality standards and consumer protection rules established by the Arkansas Public Service Commission and detailed in the Telecommunication Provider Rules. Specifically, sections 1.09, 1.10, 1.11, 1.12, and 2.0 address the following obligations which include, but are not limited to: 1.09 Service Availability, 1.10 Safe and Adequate Service, 1.11 Construction Standards, 1.12 Facility Identification and Section 2.0, which details consumer billing rules and regulations. Furthermore, Company is subject to cyclical compliance reviews by

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

the Arkansas Public Service Commission Telecommunications Utilities and Quality of Service Section.

In addition, the Company complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Madison County Telephone Company, Inc.

Response to Lines 600-610 - Ability to Function in Emergency Situations

Madison County Telephone Company, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Arkansas Public Service Commission Telecommunication Provider Rules. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with Arkansas Service Commission Telecommunication Rules §8 *General Service Standards*, §10 *Maintenance*, and §11 *Quality Standards* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office without a permanently installed emergency power system shall be wired to permit connection of a mobile emergency power unit, and there shall be a mobile emergency power unit available for connection on short notice with minimum travel time. Furthermore in section 11.06.B, each central office shall be equipped with a battery reserve sufficient to sustain operation until emergency power can be connected.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Madison County Telephone Company, Inc.

Response to Lines 1000 - Voice Service Rate Comparability

Madison County Telephone Company, Inc. ("Company") hereby certifies it does not provide voice rates that are above two standard deviations above the national average urban rate. as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.313(a)(10). Company determined this by comparing its rates to the National Average Urban Rate, which was recently released by the FCC. The rate of the Company is below the National Average Urban Rate and therefore the 2 standard deviations calculation does not apply.

ARKANSAS PUBLIC SERVICE COMMISSION

ARK. PUBLIC SERV. COMM

4th Revised Sheet No. 14.1
 Replacing: 3rd Revised Sheet No. 14.1
 Madison County Telephone Company, Inc.
 Company Name
 Kind of Service Telecommunications Class of Service: All
 Part III. Rate Schedule No. 1
 Title: LOCAL SERVICE

2012 MAR 26 A 8:12

RECEIVED

PSC File Mark Only

(CT)(CR) 1.3 LIFELINE ASSISTANCE PROGRAM

1.3.1 GENERAL

- 1.3.1.1 This tariff is effective on the date the new FCC rules on Lifeline become effective.
- 1.3.1.2 The Lifeline Assistance Program (hereinafter "Lifeline") is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers. Lifeline provides for a federal credit equal to \$9.25.
- 1.3.1.3 The discounts apply to monthly recurring rates for qualifying residential customers.
- 1.3.1.4 Discounts are applied to rates and charges for residential telephone service.
- 1.3.1.5 The Lifeline Program rate reductions do not apply to long distance service, class services, special features, and other ancillary services which may or may not be tariffed. Eligible customers may obtain these services, where available, at their discretion.
- 1.3.1.6 The Lifeline Program rate reductions do not apply to service connections charges.
- 1.3.1.7 (Reserved for future use)
- 1.3.1.8 This ETC will implement all special disconnect procedures required for Lifeline customers.
- 1.3.1.9 This ETC shall not charge Lifeline customers with a monthly Number-Portability charge.
- 1.3.1.10 This ETC shall offer toll blocking to all qualifying applicants at the time such consumers subscribe to Lifeline service. If the consumer elects to receive toll blocking, that service shall become part of that consumer's Lifeline service. The customer is under no obligation to accept the subscription to toll blocking.
- 1.3.1.11 This ETC shall not collect a service deposit in order to initiate Lifeline service, if the qualifying consumer voluntarily elects toll blocking, where available, otherwise, this ETC may charge a service deposit in the ordinary course of business.

ARKANSAS PUBLIC SERVICE COMMISSION

3rd Revised Sheet No. 14.2
 Replacing: 2nd Revised Sheet No. 14.2
 Madison County Telephone Company, Inc.
 Company Name
 Kind of Service Telecommunications Class of Service: All
 Part III. Rate Schedule No. 1
 Title: **LOCAL SERVICE**

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(CT)(AT) 1.3 LIFELINE ASSISTANCE PROGRAM (continued)

1.3.2 DESIGNATED LIFELINE PROGRAM SERVICE

1.3.2.1 General

1.3.2.1.1 Certain telephone services are specifically part of Lifeline service. Other services are optional. This ETC has a specific Lifeline offering.

1.3.2.2.1 This ETC shall offer services or functionalities defined, by F.C.C. 47 CFR Part 54, to be voice telephony service. This service enables consumers to communicate with others that live nearby, while having access to all distance communications.

1.3.3 REGULATIONS

1.3.3.1 All the telecommunications provider rules and general tariffs of this company apply to lifeline service unless specifically in conflict with this Section and schedule

1.3.3.2 Lifeline Service is available only with residence services, excluding foreign exchange service.

1.3.3.3 Lifeline Service is limited to one line per household at the customer's primary residence. "Household" is defined consistent with the Low-Income Home Energy Assistance Program as "any individual or group of individuals who are living together at the same address as one economic unit," with an "Economic Unit" defined as "all adult individuals contributing to and sharing in the income and expenses of a household." Lifeline support to individuals living in group living facilities must demonstrate when initially enrolling in the program that any other lifeline recipients residing at their residential address are part of a separate household.

ARKANSAS PUBLIC SERVICE COMMISSION

PUBLIC SERV. COMM

2nd Revised

Sheet No. 14.3

1st Revised

Sheet No. 14.3

Madison County Telephone Company, Inc.
Company Name

Kind of Service Telecommunications Class of Service: All

Part III. Rate Schedule No. 1

Title: LOCAL SERVICE

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(CT) 1.3 LIFELINE ASSISTANCE PROGRAM (continued)

1.3.4 QUALIFICATIONS

1.3.4.1 General

1.3.4.1.1

To qualify for lifeline service, applicants must be participants in certain governmental programs or qualify through a low income threshold.

1.3.4.2 Qualification through Governmental Program Participation

1.3.4.2.1

To qualify for lifeline service through governmental program participation applicants must participate in at least one (1) of the following governmental programs:

1. Department of Housing and Urban Development
2. Medicaid
3. Food Stamps
4. Supplemental Security Income (SSI)
5. Federal Public Housing Assistance Program
6. Low Income Home Energy Assistance Program
7. Temporary Assistance for Needy Families (TANF)
8. National School Lunch (NSL) Program's Free Lunch Program

1.3.4.3 Qualification through low income eligibility

1.3.4.3.1

To qualify through low income eligibility, the applicant's income as defined in Sec. 54.400(f) must be at or below 135% of the federal poverty guidelines.